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Navy & Marine Corps Medical News MN-99-47 Nov 26, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: A pathologist says you're dead wrong to smoke By Bill Doughty, U. S. Naval Hospital, Yokosuka, Japan

YOKOSUKA, Japan -- The pathologist stands inside the morgue, in front of the long, stainless steel table. Nearby hangs the surgical lamp and organ scale. A medical waste container stands in the corner.

Lt. Cmdr. Ron Linfesty, MSC, pathologist at the hospital here uses the morgue as a backdrop to talk to the public about smoking.

"A lifetime smoker will probably die as a result of a smoking-related disease. That's a fact." Dr. Linfesty was interviewed for Yokosuka Report evening news to promote the recent Great American Smokeout. He said the pathologist's job is to analyze tissue samples, diagnose diseases or perform autopsies to find out why a person died.

"As a pathologist, I have seen many of the effects of smoking," he said. "Usually, first we see it as a biopsy specimen in the anatomic pathology laboratory, sometimes as an oral-pharyngeal biopsy, sometimes as a lung biopsy. And, usually those come to us from a patient with a history of smoking and a clinical diagnosis of rule-out cancer. Oftentimes, we do find cancer in those patients. In just about every lung cancer I've seen there's been a history of smoking."

Cancer that starts in the lungs can often have devastating effects, spreading throughout the body to involve the liver, kidneys, bones and brain.

"In addition to cancer, we also see other results of smoking here in the morgue," notes Dr. Linfesty. "People who die of cardiac arrest often have vascular disease that is directly linked to smoking. Patients die of heart attack. They have severe hardening of their coronary arteries, and most of those patients have a history of smoking."

He adds, "Another disease that we cannot see down here in the morgue is stroke -- brain infarction. A lot of those patients -- in fact, most of them -- have a history of smoking."

Smoking makes its biggest assault on blood vessels and directly on the lungs. "Emphysema is another lung disease, and those patients almost always have a history of smoking. We see all of those things in the morgue."

Studies have shown that smoking destroys blood vessels. It causes wrinkles and other premature aging of the skin. Recently, because of its effect on tiny blood vessels, it's been linked to sexual dysfunction in men, and it's believed to have a similar link in women. One noted urologist, speaking on the news program 60 Minutes, said when he sees a man smoking, he wonders when -- not if -- he will experience erectile dysfunction.

But, that's the least of a smoker's worries.

The pathologist looks over his shoulder in the morgue at the stainless steel table -- slightly longer than a human body. To the interviewer he says, "To all the smokers out there I would definitely advise them to stop smoking, please, so I don't have to see you here."

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Headline: Panel assesses quality of military health care By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- A new federal advisory committee is evaluating how well DoD is improving the quality of health care it provides some 9 million eligible beneficiaries.

The Healthcare Quality Initiatives Review Panel has met twice since Sept. 21 to review access and quality improvement initiatives begun in early 1998 and to assess how well DoD has done in achieving quality objectives, including:

- Better education and training programs for physicians and other health care providers
- Establishing "centers of excellence" for complicated surgical procedures;
- Reporting malpractice and adverse credential issues to the National Practitioner Data Bank (a service designed to prevent physicians who lose their license to practice in one state from seeking new credentials in another state)
- Providing beneficiaries comprehensive information on the quality of health care they receive
  - Making sure laboratory standards are met
  - Ensuring the accuracy of patient information

Panel members, appointed by Defense Secretary William Cohen, include physicians, nurses and representatives from service organizations that support the armed forces. More information about the panel's objectives is available on the Internet at http://www.hqirp.org.

Williamson said the panel will hold at least three more meetings and also plans to visit other sites around the country before submitting its initial report to Cohen in March or April 2000.

The meetings are open to the public, and a portion of the meetings will be set aside for public comments. Beneficiaries also can submit comments about military health care to the panel through:

Deputy Operations Director, Population Health and Clinical Quality

(ATTN: Lt. Col. James Williamson, USAF)

TRICARE Management Activity

Skyline 5, Suite 810

5111 Leesburg Pike

Falls Church, VA 22041.

"We want to visit military treatment facilities and talk to commanders, quality management directors and facility personnel," said Williamson, who serves as an alternate panel member. He said no specific sites have been selected, but the panel would like to visit areas where all three medical service departments have operations. "That doesn't rule out visiting remote locations as well," he said.

DoD's senior health official, Dr. Sue Bailey, urged beneficiaries to give the panel input either by attending meetings or mailing comments to Williamson.

"The measure of any health care system is the quality of care provided to its beneficiaries," said Bailey, assistant secretary of defense for health affairs. "We believe that the military health system provides excellent quality health care, and we continue to find ways to improve. This new panel will assist us in our efforts to be a world-class health care system."

The panel was established under the auspices of the 1972 Federal Advisory Committee Act. The act ensures the objectivity and public accessibility of advice rendered to the executive branch by various advisory committees, task forces, boards and commissions formed over the years by

Headline: The unsung heroes of the Medical Center's OR Department

By JO3 Stacie Rose, Naval Medical Center San Diego

SAN DIEGO -- They don't want to see you in their department. In fact, they want you to stay away. Because if they see you, that means there's something wrong with you. However, they want you to know that if you do happen to need their assistance, they'll give you the best service they can.

They are the staff of the Main Operating Room of Naval Medical Center San Diego. They're dedicated, hard working, and ready for medical emergencies 24 hours a day.

This team of emergency room technicians consider themselves a big family. According to the OR's Leading Petty Officer, Hospital Corpsman 1st Class (FMF) Eddie Hadley, "The issues that come up are never too big to overcome."

It's a good thing, too, because the OR at the Medical Center is the largest in the military, encompassing 18 rooms within the hospital and five outlying clinics.

There's hardly room for incompatibility.

"Without teamwork and cooperation between everyone in the department, the OR can't function," said Hospital Corpsman 2nd Class Rommel DeGuzman, a Surgical Technician. "Teamwork is a morale builder," he said. "It makes people more willing to help each other, more willing to take on leadership positions and lead by example."

The staff of the OR aren't the only ones that benefit from teamwork.

"The patients are at their most vulnerable state when they're in here," said Hospital Corpsman 1st Class (SW/AW/FMF) Walter Carranza, the OR's enlisted clinical coordinator. There's no time for the staff to argue over small issues when there's a patient on the table, especially when that patient is counting on the hospital corpsmen to be at their peak of performance.

At times, though, it can be difficult for the staff to handle everything that's coming at them.

"The [hospital] corpsmen here in the OR are the hospital's unsung heroes, but they can't be everywhere at once," said Carranza.

Many times, the surgical technicians have more than one collateral duty in addition to their OR duties.

For example, DeGuzman is a hospital corpsman by rate and title, but he's also in charge of ordering supplies for the whole department and making sure the surgeons have all the necessary equipment, sometimes, right up to the time when the patient is on the table.

"That can be stressful, but you just have to do it. I handle stress well, and there are always people there to

assist me," he said.

Hospital Corpsman 2nd Class (FMF) Patrick Nardulli, in addition to his hospital corpsman duties is also the education petty officer. This means he handles the training and certification of everyone in the OR, from the technicians to the nurses.

"It's an ongoing process, and it has to be 110 percent accomplished every time," said Nardulli. "The end product is seeing the good patient care we offer as a result from these training services," he said. "We work to achieve the highest levels of service found at civilian hospitals and other government facilities."

And more often than not, you'll find many of the hospital corpsmen staying past the end of their shifts to learn something new.

"When the procedure goes off without a hitch for the patient," said Hospital Corpsman 3rd Class (FMF) Randall Ivall, "and I can see that I have helped ease someone's pain, it's worth all the effort."

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Headline: Your flu shot is a readiness issue By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan, -- This year's batch of influenza or flu vaccine has arrived in Yokosuka, and over the next several weeks the community will have a chance to get their flu shots. But why should people get the shot?

"For active duty members, it is mandatory," said Chief Hospital Corpsman Gerry Lombardi, leading chief petty officer of the Preventive Medicine Department. "Influenza is a serious disease that kills thousands of people worldwide."

Influenza is especially dangerous to the elderly, young, and people who have illnesses such as asthma that already compromise their immune system. The flu vaccine will be available to all these high-risk individuals.

"We also immunize the teachers and child care workers because, once again, they are high risk individuals because of their exposure to children," said Lombardi. "It will have a great impact on the base itself if, all of a sudden, 90 percent of your teachers or your child care staff are sick, and now you have active duty personnel trying to come up with emergency child care."

Flu immunizations can keep people on the job and can keep the flu from being spread. "It can have a major impact on readiness," said Lombardi. "When you have people down seven to 10 days Sick In Quarters and unable to work. That can have a great, great impact on your mission."

Lombardi said it's important to get the shot early, because your body has to build up immunity. It takes about two weeks from the time you get the shot until you are protected.

Headline: Log onto the Virtual Naval Hospital for helpful information

>From Bureau of Medicine and Surgery

WASHINGTON -- Are you searching for guidelines governing medical boards or physical exams? Do you need a reference on basic first aid or emergency war surgery? Maybe you're just looking for information on common health concerns? If you log onto the Virtual Naval Hospital at http://www.vnh.org, you'll find what you're looking for and much more.

The Virtual Naval Hospital (VNH) is a digital health sciences library developed in 1997 as a joint venture between the Bureau of Medicine and Surgery (BUMED) and the University of Iowa. The goal was to provide a useful medical reference tool for isolated Navy primary care providers.

According to LT Denis Ashley, MC, at the Office of the Chief of the Medical Corps at BUMED, "General Medical Officers and Independent Duty Corpsmen at sea and in the field were expected to benefit from this innovative product. However, since the web site was developed, many more members of the Navy Medical Department have benefited from the volumes of helpful information on this web site. Subject matter from the Afloat Safety and Occupational Health Manual to Zygoma fractures, hyperlinks to medical, operational, and DoD websites worldwide, and the presence of many pertinent on-line administrative instructions enhance the usefulness of this resource."

The VNH is divided into three sections reflecting users' interests: "For Patients", "For Providers", and "Administration". The "Administration" section contains Navy Medical Department administrative information such as the Manual of the Medical Department along with BUMED Instructions and Directives. The "For Patients" section offers helpful information on health promotion, disease prevention, first aid, consumer health organizations, and links to other consumer oriented health sites. Clicking on the "For Providers" section takes you to information on disease diagnosis, detailed medical procedure descriptions, continuing education, health promotion, environmental and occupational health, medical textbooks, professional health organizations, and links to other health resources.

Judging from user comments, the VNH has developed a large fan base. The following is a sampling of praise for the VNH:

"I find this site highly useful in my daily operations of sick call in my FMF unit. It is also very useful for the education of our younger hospital corpsmen." - Second class hospital corpsman with the Fleet Marine Force.

"This is one of the most helpful resources that I have ever found on the Internet. I am always trying to get my hands on certain publications that are VERY hard to find.

Your site allowed me to find and print them out. We were informed of this site in our advancement class tonight and it had all the information I needed. I will be sure to let the rest of the hospital know!" - Hospital corpsman from Naval Hospital Pensacola.

"A resource like this reflects well on the Navy and enhances the Navy's reputation for visitors like myself, who are not naval personnel or patients, but who, as taxpayers, ultimately affect the Navy through the democratic process." - J.M.

"This won't be the last time I visit your web site. It is very useful and easy to use. Good work!" - German navy medical student.

"Particularly while deployed in the Gulf, the Virtual Naval Hospital is a resource I have come to rely on and turn to for the answers not found anywhere else. As an easily accessible internet site, I find it pertinent, easily navigable, and always germane to the military community. I appreciate the usefulness of the VNH..." - CDR R.K., MC, USN

As you can see, the VNH web site and CD-ROM provides point-of-care, medical reference information, enhances medical education for Navy personnel, and supports the operational mission of the health care provider afield and afloat.

CD-ROM copies of the Virtual Naval Hospital are available to U.S. Navy, Military Sealift Command, and U.S. Coast Guard medical personnel. The VNH 2000 version will be released by January 2000 so you may want to wait until then to request a copy. Check the web site for details. To obtain your own copy of this CD-ROM, e-mail your name, rank, and U.S. mailing address to cartographer@vnh.org.

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Headline: Willow Grove health advisor wins Kirch Award >From Bureau of Medicine and Surgery

WASHINGTON -- Grace Potts, a health benefits advisor assigned to Branch Medical Clinic, Naval Air Station, Willow Grove, Pa., was awarded the Cmdr. James T. Kirch Health Benefits Advisor of the Year Award for 1998.

The award is presented annually to an individual who consistently displays outstanding professionalism and dedication to the position of Health Benefits Advisor.

Potts has provided faithful service to all TRICARE family members for the past 16 years. Her contributions have resulted in a high degree of acceptance and understanding of the TRICARE program among the beneficiaries.

She currently serves as the only Health Benefits Advisor at the active Naval Air Station with more than 7,000 employees. She is solely responsible for a catchment area of 40,000 beneficiaries and works tirelessly giving 4 to 5 briefings per month in an effort to educate all patients on how to effectively access medical care in the new managed car environment, among other tasks.

Since she joined the Willow Grove staff, she has been responsible for the timely service provided to beneficiaries. A three-year survey of customer satisfaction revealed superior service to our beneficiaries -- There were no customer complaints and all claims were processed and paid in a timely manner, according to the survey.

Her drive to increase production resulted in the establishment of a tracking mechanism for identifying patients, verifying their specialty care authorization and follow-up of medical reports.

Potts is enthusiastic, motivated and always willing to go beyond her job description. Congratulations Grace Potts for being awarded the 1998 CDR James T. Kirch award.

Runner ups for the Cmdr. James T. Kirch Award: Eric Von Poppen - Naval Hospital, Twentynine Palms, Calif. Evelyn Janice Watkins - Branch Medical Clinic, Naval Station Norfolk, Va.

Hospital Corpsman 2nd Class Dana Swope - U.S. Naval Hospital, Rota, Spain

Patricia Farnham, Naval Hospital, Oak Harbor, Wash. Janice Heaton - Naval Medical Clinic, Annapolis, Md. Dale Fuller - Branch Medical Clinic, Naval Amphibious Base, Little Creek, Va.

D. Lynn Tutcher - Naval Hospital, Jacksonville, Fla.
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Headline: U.S. Naval Institute announces 26th Annual Vincent Astor Memorial Leadership Essay Contest >From U.S. Naval Institute

ANNAPOLIS, Md. - The U.S. Naval Institute's Vincent Astor Memorial Leadership Essay Contest is scheduled for Navy, Marine Corps, and Coast Guard junior officers and officer trainees to encourage research, new thinking, and writing on the topic of leadership.

- $\,$  First Prize is \$1,500, a Naval Institute gold medal, and a life membership in the Naval Institute.
  - First-Honorable Mention wins \$1000 and a silver medal.
- Two Second-Honorable Mentions each receive a bronze medal and \$500.

The contest is open to regular and reserve commissioned officers of the U.S. Navy, Marine Corps, and Coast Guard in pay grades O-1 to O-3 or officer trainees within one year of receiving their commission- at the time the essay is submitted.

Essays must be original works of 3,500 words or less and must not have been previously published. Footnotes and text to support graphic elements are excluded from the overall word count. An exact count must appear on the title page.

Submit two complete copies, typewritten and double-spaced on paper approximately 8"x11". If prepared on a computer, include an IBM-compatible disk and specify the software used.

The Editorial Board of the U.S. Naval Institute judges all essays without knowing the author's name. Instead of putting his or her name on the essay's title page, the author substitutes a motto and a title.

The motto should also appear by itself on the outside of an accompanying sealed envelope containing the title and motto of the essay and the name, address, telephone number, social security number, and short biography of the essayist. The envelope will remain unopened until the Editorial Board has made its final selections.

The first prize essay will be published in the Naval Institute's monthly magazine, Proceedings. The Editorial Board may select other entries for purchase and publication.

Send entries to:

VAMLEC 2000,

U.S. Naval Institute,

291 Wood Road, Annapolis, MD 21402-5034.

Essays must be postmarked on or before 1 February 2000. -USN-

Headline: Anthrax question and answer >From Bureau of Medicine and Surgery

Question: How many DoD and Coast Guard personnel will be vaccinated?

Answer: Eventually, the total active duty and reserve component force, plus civilians designated as emergency-essential, will be vaccinated. This would total 2.4 million military personnel, including more than 1 million members of the National Guard and Reserves. The Coast Guard contingent numbers about 40,000, including 7,000 members of the USCG Reserve.

Between now and 2003, the entire force, including all people entering military service, will begin receiving the six-shot series of the anthrax vaccination in a phased program.

- Phase 1: Forces assigned now or rotating to designated high-threat areas. [We are currently in phase I.]
- Phase 2: Early deploying forces into high-threat areas. This phase begins in  $2000\,$
- Phase 3: Remainder of the force, people entering military service, plus booster doses for those vaccinated earlier.

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Headline: TRICARE question and answer >From Bureau of Medicine and Surgery

Question: Should a family member covered by other comprehensive health insurance enroll in Prime?

Answer: If a family member has other comprehensive health care insurance, we do not encourage enrollment in TRICARE Prime. When other comprehensive health coverage is involved,

TRICARE is automatically the secondary payer. It may be easier to coordinate benefits with other health insurance under TRICARE Extra or TRICARE Standard. Please check with your TRICARE Service Center for further assistance.

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Headline: Healthwatch: Learning to cope with Seasonal Affective Disorder

By Lt. Cmdr. Scott Limpert, MC, Naval Medical Clinic Philadelphia

PHILADELPHIA -- The winter season is here with its many holiday celebrations. Even though this time of the year is filled with joyous and happy events, for some people this season can also be a time of sadness. Having "post-holiday blues" can be expected after all the holiday celebrations have passed.

However, some peoples' "sadness," tiredness, loss of energy, irritability, headaches or sleep disorders can be attributed to what has been called Seasonal Affective Disorder or SAD. It has been given a variety of other names, such as light hunger, gray sky syndrome or winter depression.

People who are afflicted with SAD have the occurrence every year -- most often in the fall and winter months -- of depressed moods and disorders of sleep quality and quantity. Often, the symptoms are more pronounced in the afternoon.

Some researchers have linked SAD to a decreased exposure to sunlight. Some studies have suggested SAD can be improved by maintaining a daily dose of bright, white, full-spectrum lighting for six to eight hours each day and by increasing one's exposure to natural light. If you think you might have the "winter blues," and you work indoors without much natural light, try stepping outside during your break, or going to an area of your building that has a lot of natural light. When the weather is reasonable, go for a walk during your lunch break.

Dr. Limpert is head, Occupational Health and Preventive Medicine at NMC Philadelphia.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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